

MEDICAL CERTIFICATE

.....
(Signature of the applicant).

I, (Name)

..... after
careful personal examination of the case hereby certify that (Name
and official address)

..... whose signature is given above, is suffering from

..... and that the above ailment is directly due to his/her
physical handicap. I consider that a period of absence from duty of
with effect from is absolutely necessary for the restoration
of his/her health.

Signature of Medical Officer.

Registration No.

Part of Registration System of
Medicine.